## APPLICATION FOR SEARCH OF BIRTH RECORD FILES

Full Name:			
	First	Middle	Last
Place of Birt	th:	1 0' (m 1)	
	Street/Rte/Hospita	al City/Township	County
Date of Birt	h:	Sex: Male Female	-
Father:			
	Full Name		
Mother:			
	Full Maiden Name	Married Name	
Parents Add	lress at Time of This	Birth:	
APPLICATI	ON MADE BY:		
Name:			
Street Addre	ess:		
City:	State:	Zip Code:	
Signature: _			
Your Relation	onship to Person:		_
Driver Licer	se/Identification Ca	rd:	
Phone Num	ber		
Number of o	copies Desired:		

## A Copy of applicants State Issued Identification is required with this request

\$7.00 First Copy, \$2.00 Each Additional

Genealogy Copies require a NON REFUNDABLE \$10.00 Search fee PLUS \$7.00 (SEARCH FEE MUST BE A SEPARATE CHECK OR MONEY ORDER)

(Genealogical copies are non certified copies for those born 75 years ago or more only)

## Send to:

Ford County Clerk & Recorder 200 W. State St., Room 101 Paxton, IL. 60957